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| <i>Index of Claims</i>  | Application/Control No. 10714214 | Applicant(s)/Patent Under Reexamination SUMAKERIS ET AL. |
| | Examiner RAKESH K DHINGRA | Art Unit 1792 |

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|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | Rejected | - | Cancelled | N | Non-Elected | A | Appeal |
| = | Allowed | ÷ | Restricted | I | Interference | O | Objected |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant | | | | | | | | | | | <input type="checkbox"/> CPA | | | | | | | | | | | <input type="checkbox"/> T.D. | | | | | | | | | | | <input type="checkbox"/> R.1.47 | | | | | | | | | | |
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| CLAIM | | | DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Final | Original | | 02/12/2008 | | 02/12/2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 1 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 2 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 3 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 4 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 5 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | 6 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 7 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 8 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 9 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 10 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 11 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | 12 | = | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |